Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS AS	S FILED -	PART I	l		SMALL	ENTITY		OTHER	THAN
			(Column 1)		(Column 2)		TYPE	TYPE		R SMALL ENTITY	
TOTAL CLAIMS			14			-	RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ <sup>1</sup> / minus 20= *				X\$ 9=		OR	X\$18=	
INE	DEPENDENT CI	LAIMS	2 minus 3 = * (			5	X43=		OR	X86=	
ΜL	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	∍ro, enter	"0" in c	olumn 2	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II									<b>.</b>	OTHER	THAN
		(Column 1)		(Colum	nn 2)	(Column 3)	SMALL	. ENTITY	OR	SMALLE	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=		OR	X86=	
_	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	'ENDEN	CLAIM		+145=		OR	+290=	
							TOTAL		ام	TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. FEE	<u> </u>	1	ADDIT. FEE	
		CLAIMS		HIGHE	EST			ADDI-	1 i		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CI AINA	=.	X43=		OR	X86=	
	PIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLATIVI	<u></u>	+145=		OR	+290=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDII. 1 22		•	10011.1 222	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	EST BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
			* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								
* 1	f the entry in colur	mn 1 is less than th	e entry in colur	nn 2, write '	"0" in colu	ımn 3.	TOTAL	-			-
**	If the "Highest Nur If the "Highest Nur	mn 1 is less than th mber Previously Pa mber Previously Pa nber Previously Paid	id For IN THIS aid For IN THIS	S SPACE is S SPACE is	less than less than	20, enter "20." 3, enter "3."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	